



Jim Doyle  
Governor

Helene Nelson  
Secretary

**State of Wisconsin**

**Department of Health and Family Services**

**DIVISION OF HEALTH CARE FINANCING**

1 WEST WILSON STREET  
P O BOX 309  
MADISON WI 53701-0309

Telephone: 608-266-8922  
FAX: 608-266-1096  
TTY: 608-261-7798  
[www.dhfs.state.wi.us](http://www.dhfs.state.wi.us)

DATE: September 13, 2004

TO: Interested Persons

FROM: James J. Vavra, Director  
Bureau of Fee for Service Health Care Benefits  
Wisconsin Division of Health Care Financing

SUBJECT: Proposed Changes to Inpatient and Outpatient Hospital State Plan  
Effective July 1, 2004

The Division of Health Care Financing is proposing to amend the Wisconsin State Plan for reimbursement of inpatient and outpatient hospital services under the Wisconsin Medicaid Program effective retroactive to July 1, 2004. Comments on the proposed changes may be submitted no later than Thursday, September 23, 2004.

Changes are indicated on the documents with underlined additions and strike through text for deletions.

**COMMENTS**

Written comments on the proposed changes should be submitted to the following FAX or mailing address:

FAX (608) 266-1096

Hospital Unit, State Plan Comments  
Division of Health Care Financing  
P. O. Box 309  
Madison, WI 53701-0309

Comments must be submitted in writing. Comments received will be available for public review between the hours of 7:45 a.m. and 4:30 p.m. in room 350 of the State Office Building at One West Wilson Street, Madison, Wisconsin. If there are questions on the proposed changes, submit to the above address or telephone or e-mail David Bodoh of the hospital unit, at (608) 267-9589, e-mail [bodohdh@dhfs.state.wi.us](mailto:bodohdh@dhfs.state.wi.us) (Voice/TDD 1-800-362-3002).